TATES PATENT AND TRADEMARK OFFICE application of Brown, Stephen Serial No. 09/300,856 Filed Apr 28, 1999 Art Unit

ASTORINO, MICHAEL C

3736

Received a FORM 82, REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS. and FORM 96, STATEMENT UNDER 37 CFR 3.73(B), all hand delivered to the United States Patent and Trademark Office to: Commissioner for Patents, Customer Service Window, Randolph Building, 401 Dulany Street, Alexandria, VA 22314 on

Networked system for interactive communication

KINDLY DATE STAMP

Examiner

Title

monitoring of individuals

PTO/SB/96 (12-05)
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TRADEMATE OF	STATEMENT UND	ER 37 CFR 3.73(b)	
Applicant/Patent Owner: Stephen J. Brown	wn		,
Application No./Patent No./Control No.: Networked system for interactive	09/300,856	Filed/Issue Date: Apr 28,	1999
Entitled: Networked system for interactive	e communication and ren	note monitoring of individuals	5
Health Hero Network, Inc.		, a Corporation	
(Name of Assignee) states that it is: 1. the assignee of the entire right, titl	•	(Type of Assignee: corporation, part	tnership, university, government agency, etc.)
2. an assignee of less than the entire (The extent (by percentage) of its	ownership interest is		
in the patent application/patent identified			
A. An assignment from the inventor(s in the United States Patent and Traoriginal assignment is attached. OR) of the patent application ademark Office at Reel <u>(</u>	n/patent identified above. T 109934 , Frame 0241	he assignment was recorded, or a true copy of the
B. A chain of title from the inventor(s)			_
1. From: The document was recorde Reel, Frame _	To: ed in the United States P	atent and Trademark Office or for which a copy thereof	at is attached.
From: The document was recorde	To:		
The document was recorde Reel, Fra	d in the United States P ame	atent and Trademark Office _, or for which a copy thered	at of is attached.
3. From:	To:		·
		atent and Trademark Office, or for which a copy there	
Additional documents in the cha	ain of title are listed on a	ı supplemental sheet.	
As required by 37 CFR 3.73(b)(1)(i), the assignee was, or concurrently is being [NOTE: A separate copy (i.e., a true Division in accordance with 37 (302.08]	g, submitted for record copy of the original assi	lation pursuant to 37 CFR ignment document(s)) must	3.11. be submitted to Assignment
The undersigned (whose title is supplied	below) is authorized to a	act on behalf of the assigned	e. 4-18-06
_	nature		Date
Stephe	en J. Brown		650-779-9101 / 650-779-9105
Printed or	Typed Name	•	Telephone Number
	ealth Hero Network, Inc.		`
· ·	Title		

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.





PTO/SB/82 (01-06)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/300,856
Filing Date	Apr 28, 1999
First Named Inventor	Brown, Stephen
Art Unit	3736
Examiner Name	ASTORINO, MICHAEL C
Attorney Docket Number	RYA-129/DIV / 014030.0127D2US

I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of Attorney is submitted herewith.									
OR ✓ I hereby appoint the practitioners associated with the Customer Number: 60683								0683	
✓ Please change the correspondence address for the above-identified application to: ✓ The address associated with									
Customer Number: 60683									
OR				,					
Firm o	o <i>r</i> dual Name								
Address					,				
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City				State	<u> </u>		Zip		
Country			·	 ,					
Telephone		·			Email				
I am the:			,						
Applicant/Inventor.									
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Signature		RI	,					· -	
Name	ame Stephen J. Brown, President & CEO, Health Hero Network, Inc.								
Date	4	-1Y -OC Telephone 650-779-9101 / 650-779-9105							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
*Total offorms are submitted.									

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